

CHAPTER 7

DISENROLLMENTS

It will be necessary to disenroll participants from the ID/RD Waiver for various reasons. Regardless of the reason for disenrollment, the **Notice of Disenrollment (ID/RD Form 17)** must be completed **within two (2) working days**. The WCM must update the participant's Support Plan to reflect that the participant is being disenrolled from the waiver. The WCM must also complete the Notice of Disenrollment (ID/RD Form 7) and forward it to the Waiver Enrollment Coordinator by entering the basic identifying information and checking the box that corresponds with the reason for disenrollment. The **Notice of Disenrollment (ID/RD Form 17) must be reviewed by a Supervisor and signed by a Supervisor**. Once completed, the original, including Process for Reconsideration of SCDHHS Decisions, must be sent to the participant or his/her legal guardian. Copies of the **ID/RD Form 17** must also be sent to DHHS and maintained in the participant's file.

Send Disenrollments to:
 Annie Moss and Pam Alewine
 Waiver Enrollments Coordinators, DDSN
 Email: amoss@ddsn.sc.gov
 Email: palewine@ddsn.sc.gov
 and
 DHHS Liason Center
8888201204@fax.scdhhs.gov

Medicaid policy requires that ID/RD Waiver participants be given written notice regarding ID/RD Waiver disenrollment, allowance for Process for Reconsideration of SCDHHS Decisions, and a ten (10) calendar day waiting period before proceeding with the disenrollment, except in the conditions noted below. The following reasons **do not require** a ten (10) day notice before proceeding with disenrollment:

- Loss of Medicaid eligibility,
- Death,
- Participant moves out of state,
- Participant is admitted to an ICF/IID,
- Participant is admitted to a Nursing Facility, or
- Participant has been in a hospital/nursing facility/jail in excess of thirty (30) consecutive days

When completing the **Notice of Disenrollment (ID/RD Form 17)**, you must note the reason for the disenrollment. Disenrollment may occur because:

- **The participant died.** The ID/RD Waiver effective date of disenrollment will be the day the participant died.
- **The participant is no longer eligible for Medicaid as determined by SCDHHS/Eligibility.** The ID/RD Waiver effective date of disenrollment will be the day before the participant became Medicaid ineligible.
- **Two services have not been received in the sixty (60) calendar days since enrollment** (complete the form on the 60th day). The effective date of disenrollment will be seventy (70) calendar days from the participant's enrollment date or if the form is being completed late, the effective date of disenrollment will be ten (10) calendar days from the date that the **Notice of Disenrollment (ID/RD Form 17)** is completed.

- **Two services have not been received for a full calendar month.** This means the participant has not received two services funded through the waiver for a full calendar month. In the space given on the **Notice of Disenrollment**, indicate the service or services not received during the full calendar month and the last date that service or services were received. The effective date of disenrollment will be the last day of the month following the month when the last waiver service was received. The **Notice of Disenrollment** must be completed ten days prior to the last day of the month to allow for a ten day notice.
- **The participant voluntarily withdraws or no longer wishes to receive services funded by the waiver.** For example, if the participant wishes to receive services through another Home and Community Based Waiver, he/she must withdraw from the ID/RD Waiver. In addition to completing the **Notice of Disenrollment (ID/RD Form 17)**, voluntary withdrawal requires completion of the **Voluntary Termination Statement (ID/RD Form 19)**, which the participant/legal guardian must sign along with the CM/EI. A copy of this form must be submitted to the District I Waiver Coordinator when the **Notice of Disenrollment (ID/RD Form 17)** is sent to the Waiver Enrollments Coordinator. A copy should be provided to the participant and the original placed in the participant's file. The ID/RD Waiver effective date of disenrollment will be the day before the enrollment date into the new waiver or the effective date of Form 19.
- The participant was **admitted** to an ICF/IID (not for Respite). The ID/RD Waiver effective date of disenrollment will be the day before he/she was admitted to the facility.
- The participant was **admitted** to a Nursing Facility as a permanent admission. The ID/RD Waiver effective date of disenrollment will be the day before he/she was admitted to the facility.
- The participant no longer meets ICF/IID Level of Care (See Chapter 5 for information about ICF/IID LOC). The ID/RD Waiver effective date of disenrollment will be ten (10) calendar days after the date the participant was found to no longer meet ICF/IID Level of Care.
- The participant moved out of state. The ID/RD Waiver effective date of disenrollment will be the date you were notified that the participant moved out of state and is no longer receiving services.

Temporary Out of State Travel

ID/RD Waiver participants may travel out of state and retain a waiver slot under the following conditions:

- the trip is planned and will not exceed 90 consecutive days;
- the participant **continues to receive a waiver service** consistent with SCDDSN policy;
- the waiver service received is provided by a South Carolina Medicaid provider;
- South Carolina Medicaid eligibility is maintained.

During travel, waiver services will be limited to the frequency of service currently approved in the participant's plan. Services must be monitored according to SCDDSN policy.

The parameters of this policy are established by SCDHHS for all HCB Waiver participants

The ID/RD Form 17 also includes a reason of "Other". This reason should rarely be used and should not be used without first consulting with a Waiver Enrollment Coordinator.

The following three special exceptions apply to disenrollment and allow a participant to disenroll from the Waiver, but retain their Waiver slot for ninety (90) calendar days:

1. **A participant's Medicaid eligibility has been interrupted**, but Medicaid eligibility should be reinstated within ninety (90) calendar days; therefore the participant will be disenrolled, but will remain in pending status for ninety (90) calendar days to allow for Medicaid Eligibility to be reinstated; therefore, retaining the slot. The ID/RD Waiver effective date of disenrollment will be the day before the participant became Medicaid ineligible.

- **If Medicaid eligibility is not reinstated within ninety (90) calendar days**, the participant will be removed from pending status and the slot will be revoked.
 - **If Medicaid is reinstated within ninety (90) calendar days** the participant may be enrolled without reapplying for a waiver slot. The WCM must notify the Waiver Enrollments Coordinator that the participant has regained Medicaid Eligibility and is ready to be enrolled. The WCM will be responsible for completing a new Freedom of Choice form along with completing a new initial for Level of Care evaluation to the SCDDSN Eligibility Division along with updating the plan. The Waiver Enrollments Coordinator will complete the DHHS Form 118A and forward it to DHHS.
2. **A participant has not received two waiver services for a full calendar month due to provider non-availability or participant's injury/illness. If a participant has an illness or injury** that prevents them from receiving two Waiver services for a full calendar month, they must be disenrolled from the Waiver with ten (10) calendar day notice, but they can remain in pending status for 90 calendar days to allow for recuperation. For example, a participant is only receiving day activity and Waiver Case Management through the Waiver and he/she injures himself. The injury prevents him from attending the day program and receiving day activity and no other ID/RD Waiver services are needed.
- **If a provider has not been located or the participant is not ready to resume services within ninety (90) calendar days**, the participant will be removed from pending status and the slot will be revoked.
 - **If a provider is located or the participant is ready to resume services within ninety (90) calendar days**, the participant may be enrolled without reapplying for a waiver slot. The WCM must notify the Waiver Enrollments Coordinator that the participant is ready to be re-enrolled. The WCM will be responsible for completing a new Freedom of Choice form again along with completing a new initial request for Level of Care evaluation to the SCDDSN Eligibility Division. The Waiver Enrollments Coordinator will complete the DHHS Form 118A and forward it to SCDHHS if needed.
3. **A participant has entered a hospital/nursing facility/jail for a short term stay that has exceeded 30 calendar days, but will still require ID/RD Waiver services once released.** The participant will be disenrolled, but remain in pending status for ninety (90) calendar days, thereby retaining the slot. The ID/RD Waiver effective date of disenrollment will be thirty (30) calendar days following the participant's last date of service.
- **If the participant has not been released from the hospital/nursing facility/jail within ninety (90) calendar days**, the participant will be removed from pending status and the slot will be revoked.
 - **If the participant is discharged from the hospital/nursing facility/jail within ninety (90) calendar days** then the participant may be enrolled without reapplying for a waiver slot. The Waiver WCM must notify the Waiver Enrollments Coordinator that the participant is ready to be re-enrolled. The WCM will be responsible for completing a new Freedom of Choice form along with completing a new initial request for Level of Care evaluation to the SCDDSN Eligibility Division. The Waiver Enrollments Coordinator will complete the DHHS Form 118A and forward it to the SCDHHS.

If the **Notice of Disenrollment (ID/RD Form 17)** is not completed in two (2) business days and forwarded to the Waiver Enrollments Coordinator, the DSN Board or Case Management provider **could be** responsible for payment of state plan or direct billed services. If the **Notice of Disenrollment (ID/RD Form 17)** is completed more than two (2) business days after the disenrollment date, you must include the reason for delay. Often times the reason may be very legitimate (i.e. participant dies and family does not contact you immediately); however, it **MUST** be noted on the **Notice of Disenrollment (ID/RD Form 17)**. SCDHHS requires this information from SCDDSN. If it is not included, you will be contacted for this information and disenrollment will be delayed.

Regardless of the reason for disenrollment, it is the responsibility of the Case Manager or Case Manager Supervisor to check the Waiver Enrollment Module (WEM) to ensure that the participant has indeed been disenrolled within two business days of submission of the Notice of Disenrollment (ID/RD Form 17). If you find after checking the system on several occasions that the participant continues to be enrolled, contact the Waiver Enrollments Coordinator immediately to ensure that the Notice of Disenrollment (ID/RD Form 17) was received.

Please Note: For participants receiving Day Services, it is imperative that you update the STS to indicate that the person is no longer receiving ID/RD Waiver funding for their day service. If they are going to continue to receive the service after they have terminated from the ID/RD Waiver, you must indicate the new source. This can be accomplished on the CHGAT screen which is on the Services Menu (SVMEN) of the STS. If they are no longer going to receive the service, it must be terminated from the STS.

Level of Care Ineligibility: If for some reason the DDSN eligibility of a participant enrolled in the ID/RD Waiver changes do to no longer meeting the Intellectual Disability or Related Disability requirement, the WCM must complete a Level of Care Re-Evaluation which is warranted anytime a participant's condition changes. Since the participant is no longer eligible for DDSN services (meaning the participant does not have a diagnosis of Intellectual Disability or Related Disability), the participant would not meet ICF/IID Level of Care since ICF/IID Level of Care requires a diagnosis of Intellectual Disability or Related Disability. Therefore, the WCM must submit the adverse Level of Care to the SCDDSN Eligibility Division as outlined in Chapter 5. **The WCM cannot disenroll a participant from the ID/RD Waiver solely based on an eligibility decision.** A Level of Care Re-evaluation must be done and this decision upheld by the SCDDSN Eligibility Division before the participant can be disenrolled. Once this is received, you can proceed with disenrollment according to the outlined policy.